

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

DONNA FOUTS, Individually and as	:	
Personal Representative of the Estate of	:	
CLAUDE DAVID HARLEY, Deceased,	:	C.A. No.: 08-425 GMS
and DANNY HARLEY	:	
	:	
Plaintiff,	:	
	:	
v.	:	
	:	
AIRSTREAM INC.; et al.,	:	
	:	
Defendants.	:	

**AFFIDAVIT OF RECEIPT OF  
FIRST NOTICE PURSUANT TO 10 DEL C. §3104**

STATE OF DELAWARE :  
: SS.  
NEW CASTLE COUNTY :

I, A. Dale Bowers, being duly sworn and deposed state that the following is true and correct to the best of my knowledge, information and belief:

1. I am the attorney for plaintiffs in the above-captioned matter.
  2. On July 2, 2008, an envelope containing a First Notice prescribed by 10 Del.C. §3104 was mailed by registered mail to defendant NATIONAL AUTOMOTIVE PARTS ASSOCIATION.
  3. On July 15, 2008, the return receipt of the First Notice was returned to the sender showing proof of delivery.
  4. Attached hereto as Exhibit "A" is the receipt which was given by the United States Post Office at the time of mailing to the person mailing the registered envelope containing the First
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Notice and the original return receipt which shows acceptance of the First Notice, referred to in Paragraph 2 of this Affidavit.

  
A. DALE BOWERS

SWORN TO AND SUBSCRIBED before me this 18 day of July, 2008

  
NOTARY PUBLIC

STEPHEN T. MORROW, ESQ.  
Attorney at Law  
State of Delaware  
Notarial Officer Pursuant to  
29 Del.C. § 4323(a)(3)

My Commission Expires: \_\_\_\_\_

**Exhibit "A"**

**Joseph A. Altheide, Esquire**  
**P.O. Box 874**  
**Wilmington, DE 19899-0874**

Check type of mail or service:		Addressee (Name, Street, City, State, & ZIP Code)		Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
<input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Delivery Confirmation <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Recorded Delivery (International) <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation		<b>AIRSTREAM, INC..</b> <b>419 West Pike Street</b> <b>P.O. Box 629</b> <b>Jackson Center, Ohio 45334-0629</b>		2.02	10.00	0	0							2.20
		<b>GENUINE PARTS COMPANY</b> <b>Attn: Scott Smith, Agent</b> <b>2999 Circle 75 Parkway</b> <b>Atlanta, GA 30339</b>		2.02	10.00	0	0							2.20
		<b>LESLIE CONTORLS, INC.</b> <b>12501 Telecom Drive,</b> <b>Tampa, Florida 33637</b>		2.02	10.00	0	0							2.20
		<b>NATIONAL AUTOMOTIVE PARTS ASSOCIATION</b> <b>c/o The Corporation Company</b> <b>30600 Telegraph Road</b> <b>Bingham Farms, MI 48025</b>		2.02	10.00	0	0							2.20
<b>1. RA 311 859 164 US</b>														
<b>3. RA 311 859 120 US</b>														
<b>5. RA 311 959 133 US</b>														
<b>7. RA 311 859 155 US</b>														
<b>8.</b>														

See Privacy Act Statement on Reverse

(Faint)

Complete by Typewriter, Ink, or Ball Point Pen

Postmaster, Per (Name of receiving employee)

Total Number of Pieces Listed by Sender 4

Total Number of Pieces Received at Post Office 4

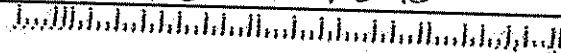
UNITED STATES POSTAL SERVICE


 First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Rhoades  
 PO Box 874 JUL 15 2008  
 Wilm, DE, 19899-0874

40 Dale - Fouts



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NATIONAL AUTOMOTIVE PARTS  
 ASSOCIATION  
 c/o The Corporation Company  
 30600 Telegraph Road  
 Bingham Farms, MI 48025

2. Article Number  
 (Transfer from service label)

RA 311 859 155 US

PS Form 3811, February 2004

## COMPLETE THIS SECTION ON DELIVERY

Signature  
 X The Corporation Company ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☒ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540